

EMPLOYEE SUGGESTION PROGRAM GUIDELINES FOR EVALUATORS

The Commonwealth's Employee Suggestion Program (ESP) encourages employees to make suggestions that will improve the efficiency and effectiveness of state government and rewards employees whose ideas are adopted. The ESP is administered by the Department of Human Resource Management (DHRM) in cooperation with participating agencies. Employees from all executive branch agencies and other participating agencies of the state are eligible to submit suggestions through ESP.

Suggestions that identify specific problems and propose workable solutions can bring increased productivity, reduced costs, improved and safer working conditions, conservation of resources, and better public services.

This guide contains some important facts to know and hints to use when preparing your suggestion evaluation. For additional information about ESP, see the ESP Procedures Manual and Policy 1.21, Employee Suggestion Program, in the Policy section of the DHRM Web site, www.dhrm.state.va.us.

THE ROLE OF AN EVALUATOR

As the evaluator, you are the fact-finder who judges the merit of an idea in order to recommend a response to the suggester. The quality of your work is key to the success of the Employee Suggestion Program. By objectively and thoroughly evaluating a suggester's idea, you provide a valuable service to the suggester, your agency, and the Commonwealth.

You should know enough about the suggestion subject to be able to determine the following:

- any benefits expected to come from using the suggestion,
- feasibility of implementing the suggestion,
- extent of its application (one agency? statewide?),
- originality of the idea, and
- with input from fiscal staff, an estimate of costs and savings if implemented.

As an expert in the subject matter, you may be part of the current process that the suggestion would affect. Remember that even long-standing procedures may need to be changed. In some cases, regulations and policies may be alterable, if the benefits of alteration warrant doing so. Approach suggestions with a positive attitude and an open mind.

If you are not qualified to evaluate the suggestion, please return it to your Agency ESP Coordinator as soon as possible. Because suggestions move through the process anonymously, your own suggestion could come to you for review. If this happens, you must return it to your Agency ESP Coordinator so that another evaluator can assess your idea.

ELIGIBILITY FOR ADOPTION AND AWARD

Suggestions are eligible for consideration when implementing them causes agency activity that results in savings (including cost avoidance) or increased revenue, improved productivity, better service, or safer operations. To be eligible for an award, a suggestion must result in a new or modified activity that is directly related to the suggestion and that is implemented by one or more agencies. The agency(s) must benefit in one or more of the ways described below.

Generally, suggestions must meet these criteria:

- Identify problems or areas where productivity, efficiency, effectiveness, or safety can be improved.
- Propose a reasonable method to implement the suggestion.
- Show expected benefits in one or more categories like these:
 - improve methods, accounting practices, housekeeping, quality of products, office procedures, protection of property, or working conditions;
 - reduce the cost of materials or services, safety hazards, waste, or maintenance;
 - eliminate spoilage, duplication, breakage, wasted effort, or bottlenecks;
 - increase service delivery, production of materials, or the amount of work produced generally;
 - increase state revenue;

- combine operations, methods, procedures, or forms;
- save time, material, equipment or natural resources;
- invent equipment, methods of operation, or products; or
- develop methods to decrease risk or danger and improve safety in a work activity or procedure.

Suggestions are NOT eligible for award consideration when they:

- concern a change in employee salary or position title;
- do not provide complete or clear information;
- do not include a solution or plan for improvement;
- involve routine requests for maintenance or supplies and services that should be processed through established channels;
- result from assigned or contracted audits, studies, surveys, reviews or research;
- concern proposals that management can document are already under active consideration;
- duplicate another suggestion which is still under review, or for which an award previously has been granted in this agency; or
- propose following procedures already either permitted or required that are not being followed.

TWO KINDS OF SUGGESTIONS

The potential benefits of a suggestion may be tangible and quantifiable or intangible and difficult or impossible to quantify. These two types of suggestions are handled slightly differently during the evaluation process.

For suggestions with expected tangible benefits, the cost avoidance or increased revenue must be estimated. Ask your agency fiscal officer to help by calculating the estimated benefit with you. (There is a page on the evaluation form for this calculation.) These estimates are used in projecting the value of implementing the suggestion. If the suggestion is adopted, any cash award to the suggester will be based on actual first-year implementation data.

If the suggestion would provide a benefit that is intangible or hard to quantify, complete the section of the evaluation form which analyzes that benefit and recommend an amount of paid leave to be awarded to the suggester.

Normally, the suggester receives a certificate along with the cash or paid leave award for an adopted suggestion. However, as the evaluator, you may recommend giving only a certificate (no cash or paid leave) for a good idea that does not merit those additional awards.

A SUMMARY OF EVALUATION PROCEDURES

Please evaluate the suggestion as carefully as you would like someone to evaluate a suggestion submitted by you.

- Locate the data or information you will need. Contact DHRM if you need clarification or additional information; they will contact the suggester and obtain further information or, if suitable, arrange for contact with you.
- Discuss the idea with other staff, if necessary. Because of confidentiality concerns, you should assess the value of their input before asking others.
- If the suggestion cannot be adopted as a whole, consider whether it may be adopted in part or with modifications.
- Complete the evaluation form and make your recommendation.
 - When recommending adoption and a cash award, estimate net first-year savings and complete computations on the relevant section of the evaluation form.
 - Have an agency budget official review or provide input and sign the evaluation if financial information is needed.
 - Ask your supervisor or division director to review and sign the evaluation.
 - Return completed evaluation to the Agency ESP Coordinator within 45 days of receiving it.
 - If you need more time, notify your Agency ESP Coordinator.

When not recommending adoption:

- Give specific reasons for declining the suggestion.
- Be certain the reasons for not recommending adoption are based on good business principles and can be clearly understood.
- When the idea is already being considered by agency management, document and give dates of consideration, if possible.
- Complete the form carefully and thoroughly. If the suggester appeals, the form may be seen by him or her as well as other officials in the appeals process.

Please do not complete either the cash or non-cash awards section of the form unless you are recommending adoption of the suggestion.

PLEASE REMEMBER THAT SUGGESTERS HAVE A RIGHT TO:

- a timely evaluation;
- courteous treatment;
- a fair and thorough appraisal;
- confidentiality during the process for all suggestions and continuing confidentiality for suggestions not adopted;
- information about why their suggestions are not adopted or implemented; and
- an appropriate award.

FINAL CHECKLIST

- Give specific reasons for your decision to adopt or decline.
- Include a cost justification of your decision.
- Review your draft and ask:

- Is it complete and clear?
- Is it possible to implement this idea in another department, or to implement part of it?
- If I were the suggester, would I be satisfied with this evaluation?
- Return the evaluation promptly to your Agency ESP Coordinator.

THANK YOU

Thank you for performing the role of evaluator in the Employee Suggestion Program. Through ESP, you have made an important contribution that could result in better state government.



SUGGESTION EVALUATION FORM

EMPLOYEE SUGGESTION PROGRAM USE ONLY. EVALUATING AGENCY ESP COORDINATOR PLEASE COMPLETE PART I:

PART I.

Suggestion #:	Suggestion Topic/Category Code (Table Attached):	Date Received:
Evaluating Agency Code/Title:	Evaluating Unit:	Date Sent to Evaluator:
TO (evaluator):		

INSTRUCTIONS:

1. Please use this form to evaluate the attached suggestion: Type or print clearly in black ink.
2. For assistance, call Agency ESP Coordinator. Name: _____ Phone: _____
3. Complete, date, and return signed form to Agency ESP Coordinator by Date: _____

PART II. REVIEW OF SUGGESTIONS

1. If any of the following apply to this suggestion, indicate which and explain.
☐ A. Relates to a personal grievance or complaint.
☐ B. Involves pay practices.
☐ C. Unclear, incomplete, or not specific.
☐ D. Concerns established procedures not being followed.
☐ E. Concerns result or subject of studies, audits, surveys, etc.

2. To your knowledge, does this suggestion accurately describe the current situation, condition, method, procedure, etc., in Section II of the Employee Suggestion Form?

☐ Yes ☐ No If No, what is the actual current situation?

3. To your knowledge, has this suggestion previously been proposed/considered by agency management?

☐ Yes ☐ No If Yes, what action was taken? (Supporting documentation pre-dating suggestion should be available on request.)

4. If implemented, would this suggestion stimulate other savings/improvement activities?

☐ Yes ☐ No If Yes, describe action stimulated.

Analysis and Recommendation

1. Do you recommend that this suggestion be adopted and implemented?

☐ Yes ☐ No Please explain your recommendation.

2. Please note issues that would need to be considered in order to implement this suggestion.

<p>3. Would the proposed change require legislative action? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, would you support such action? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>4. What benefits can be derived from this suggestion? <input type="checkbox"/> Tangible <input type="checkbox"/> Intangible <input type="checkbox"/> None If you believe that benefits would derive from implementing this suggestion, please complete Part III.</p>	
<p>5. What agencies could benefit from implementing this suggestion? <input type="checkbox"/> All <input type="checkbox"/> Categories or names of agencies:</p>	
<p>Signed:</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <p style="text-align: center;">(Signature of Evaluator)</p>	<p>This evaluation complies with the policies of the Employee Suggestion Program, signed:</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <p style="text-align: center;">(Signature of Agency ESP Coordinator)</p>
 <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <p style="text-align: center;">(Print Name)</p>	 <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <p style="text-align: center;">(Print Name)</p>
 <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <p style="text-align: center;">(Date)</p>	 <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <p style="text-align: center;">(Date)</p>
<p>I concur with this evaluation of the suggestion.</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <p style="text-align: center;">(Signature of Supervisor/Manager of Evaluator)</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <p style="text-align: center;">(Print Name)</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <p style="text-align: center;">(Date)</p>	Empty space for additional comments or signature

PART III. CALCULATION OF BENEFITS - RECOMMENDED SUGGESTIONS ONLY

SECTION A – DETERMINATION OF TANGIBLE BENEFITS

Item One

I agree that implementing this suggestion will result in financial earnings or savings.

___ Yes ___ No If No, please explain.

Item Two

I agree with the suggester's estimate of money earned or saved.

___ Yes ___ No If No, please explain.

IF THE SUGGESTION WILL RESULT IN FINANCIAL EARNINGS OR SAVINGS, PLEASE FORWARD THIS FORM TO YOUR AGENCY'S FISCAL OFFICE FOR COMPLETION OF SECTION C.

SECTION B – DETERMINATION OF INTANGIBLE BENEFITS

Complete this Section only if the suggestion is recommended for adoption AND the answer to Item One in Section A is "No." Points total determines the number of days of leave to be awarded.

FACTORS

POINTS AWARDED

1. Degree of improvement in operations, forms, facilities or equipment

None 0 Pts.
 Minor 5 Pts.
 Moderate 15 Pts.
 Major 20 Pts.

_____ Pts.

2. Degree of improvement in employee relations, working conditions, safety, service to the public or public attitude:

None 0 Pts.
 Minor 5 Pts.
 Moderate 15 Pts.
 Major 20 Pts.

_____ Pts.

FACTORS		POINTS AWARDED
3. Extent of application:		
Single operation, facility, office	0 Pts.	
Several operations, facilities, offices	5 Pts.	
A majority of the employees, facilities, divisions of an agency or university	10 Pts.	
A majority of the employees, facilities, divisions of two or more agencies.....	15 Pts.	
Statewide (most agencies, universities)	20 Pts.	_____ Pts.
4. Completeness of proposal:		
Not completely or clearly presented or required considerable clarification	0 Pts.	
Basic facts sound, needed some refining	5 Pts.	
Facts clearly presented, little further effort required to put idea into effect	10 Pts.	
Facts clearly presented, no further effort required to put idea into effect	20 Pts.	_____ Pts.
5. Effort involved:		
No research involved	0 Pts.	
Average substantiation	5 Pts.	
Considerable personal research.....	15 Pts.	_____ Pts.
6. Cost of adoption:		
Large	0 Pts.	
Moderate	5 Pts.	
Small	10 Pts.	_____ Pts.
TOTAL POINTS:		_____ Pts.

SECTION C – COMPUTATION OF DOLLAR SAVINGS (To be completed by Fiscal Officer.)**SUGGESTION SAVINGS DUE TO CHANGES IN:**

____ Labor ____ Supplies ____ Revenue ____ Energy Usage ____ Other (specify)
____ Space ____ Equipment ____ Materials ____ Maintenance Procedure

COMPARISON OF PERIODS (compare two [2] twelve-month periods)

Old Method

Suggested Method

Starting Date:

Ending Date:

Starting Date:

Ending Date:

To project dollar savings or revenue expected from implementing this suggestion, complete the section below that best represents savings that would realistically result from the suggestion. NOTE: This estimate is for use in evaluating the suggestion. Any award to the suggester will be based on actual first-year results.

COST SAVINGS CALCULATIONS**A. Determine Annual Cost of Old Method:**

Determine units of measure (hours, tons, miles, kilowatts, pieces, items, copies, etc.).

____ x ____ + ____ = ____
Number of Units Per Cost Per Unit Other Costs (explain) Annual Cost of Old
Year Method

B. Estimate First-Year Cost of Suggested Method:

Use same units of measure as in old method.

____ x ____ + ____ = ____
Number of Units Per Cost Per Unit Other Costs (explain) Projected Annual
Year Cost of Suggested
Method

C. Estimate Cost to Implement:

List one-time costs to implement that are not included in B above.

(1) Capital Items	(2) Cost	(3) Years of Life	(4) 2 – 3 = 4 (First-Year Cost)
_____	_____	_____	_____
_____	_____	_____	_____
Total Cost:	_____	_____	_____

D. Revenue Producing Calculation:

Determine annual revenues of old system for first 12-month period of implementation.

[____ - ____] x ____ = ____
Revenue per Unit – Revenue per Unit – Unit per Year – Increased Revenue
Suggested Old Suggested Method

E. First-Year Savings Calculation:

____ - [____ + ____] = ____
Annual Cost – Old Annual Cost – Cost to Implement Projected Net First-
Method Suggested Method Minus Revenue Year Savings

This computation of first-year savings represents reasonable and accurate costs with adherence to State budget policies.

Signed:

Date:

(Evaluating Agency Fiscal Officer)

PART IV. DHRM'S RECOMMENDATION

This suggestion will be sent to agency(ies) to be implemented. The employee should receive the following award:

____ Tangible Cash (Amount based on actual savings or revenue for first 12 months of implementation, or total savings or revenue if realized in less than 12 months.) _____

____ Intangible Days of Leave* _____

*Based on the following scale:

<u>Points</u>	<u>Day of Leave</u>
89-105	5 Days
71-88	4 Days
53-70	3 Days
35-52	2 Days
18-34	1 Day
Less than 18	None

Comments:

Signed: _____

(DHRM ESP Manager)

Date: _____

ESP CATEGORY CODE TABLE

* CODE	CATEGORY DESCRIPTION
01	ACCOUNTING AND BUDGETING
02	ADMINISTRATIVE PROCESSES
03	BENEFITS
04	BUILDINGS AND GROUNDS
05	BUSINESSS OPERATIONS AND PROCEDURES
06	COMMUNICATIONS, PUBLICATIONS
07	ENERGY, ENVIRONMENT
08	FORMS, AUTOMATED AND PAPER
09	HUMAN RESOURCES
10	INFORMATION TECHNOLOGY
11	LEGAL REQUIREMENTS
12	METHODS AND EFFICIENCY
13	PARKING
14	POLICY
15	PURCHASING AND CONTRACTING
16	REVENUE
17	SAFETY, SECURITY, HAZARD REDUCTION
18	SERVICE OR QUALITY IMPROVEMENT
19	SUPPLIES OR EQUIPMENT
20	TRAVEL REGULATIONS
21	WASTE, RECYCLING
22	WORKPLACE CONDITIONS
23	NO CATEGORY ASSIGNED

*** Agency ESP Coordinators: Please categorize suggestion in the most specific suitable category, noting code on Suggestion Evaluation Form.**